

## SCDHHS MEDICAID APPEAL PROCESS

If the participant, legal guardian or representative fully completes the DDSN reconsideration process and is dissatisfied with the result, the participant, legal guardian or representative has the right to request an appeal with the State Medicaid Agency, which is the South Carolina Department of Health and Human Services (SCDHHS).

The appeal request may be made electronically using the SCDHHS website indicated below or it may be mailed to SCDHHS. This must be done no later than 30 calendar days after receipt of the DDSN notification.

The purpose of a SCDHHS administrative appeal is to prove error(s) in fact or law pertaining to a decision made and/or action taken by DDSN that adversely affects a Waiver participant. The appeal must clearly state the specific issue(s) that are disputed and what action is requested. A copy of the reconsideration notification received from DDSN must be uploaded using the SCDHHS website indicated below or included with the mailed appeal.

The, participant, legal guardian or representative is encouraged to file the appeal electronically at [www.scdhhs.gov/appeals](http://www.scdhhs.gov/appeals).

### OR

The appeal request may be mailed to:

**SC Department of Health and Human Services  
Division of Appeals and Hearings  
P.O. Box 8206  
Columbia, SC 29202-8206**

An appeal request to SCDHHS is valid if filed electronically or mailed to the above address and postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.

If a valid appeal request is made, the participant, legal guardian or representative will be advised by the SCDHHS Division of Appeals and Hearings as to the status of the appeal request, which may include a scheduled hearing.

A beneficiary may request an expedited appeal. SCDHHS will grant or deny these requests as quickly as possible. If we grant your request to expedite, your appeal will be resolved as quickly as possible instead of the standard 90-calendar day timeframe. If we deny the request to expedite, the appeal will follow the standard 90-calendar day timeframe.

SCDHHS may grant expedited review if we determine the standard appeal timeframe could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function. SCDHHS may consider, among other facts:

- The medical urgency of the beneficiary's situation
- Whether a needed procedure has already been scheduled
- Whether a beneficiary is unable to schedule a needed procedure due to lack of coverage
- Whether other insurance will cover most of the costs of the requested treatment.

You may request that an appeal be expedited, if desired. To avoid delays in the process, please submit any supporting documentation with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time we consider the request.

For more information on the DHHS appeals process, please refer to [www.scdhhs.gov/appeals](http://www.scdhhs.gov/appeals).